



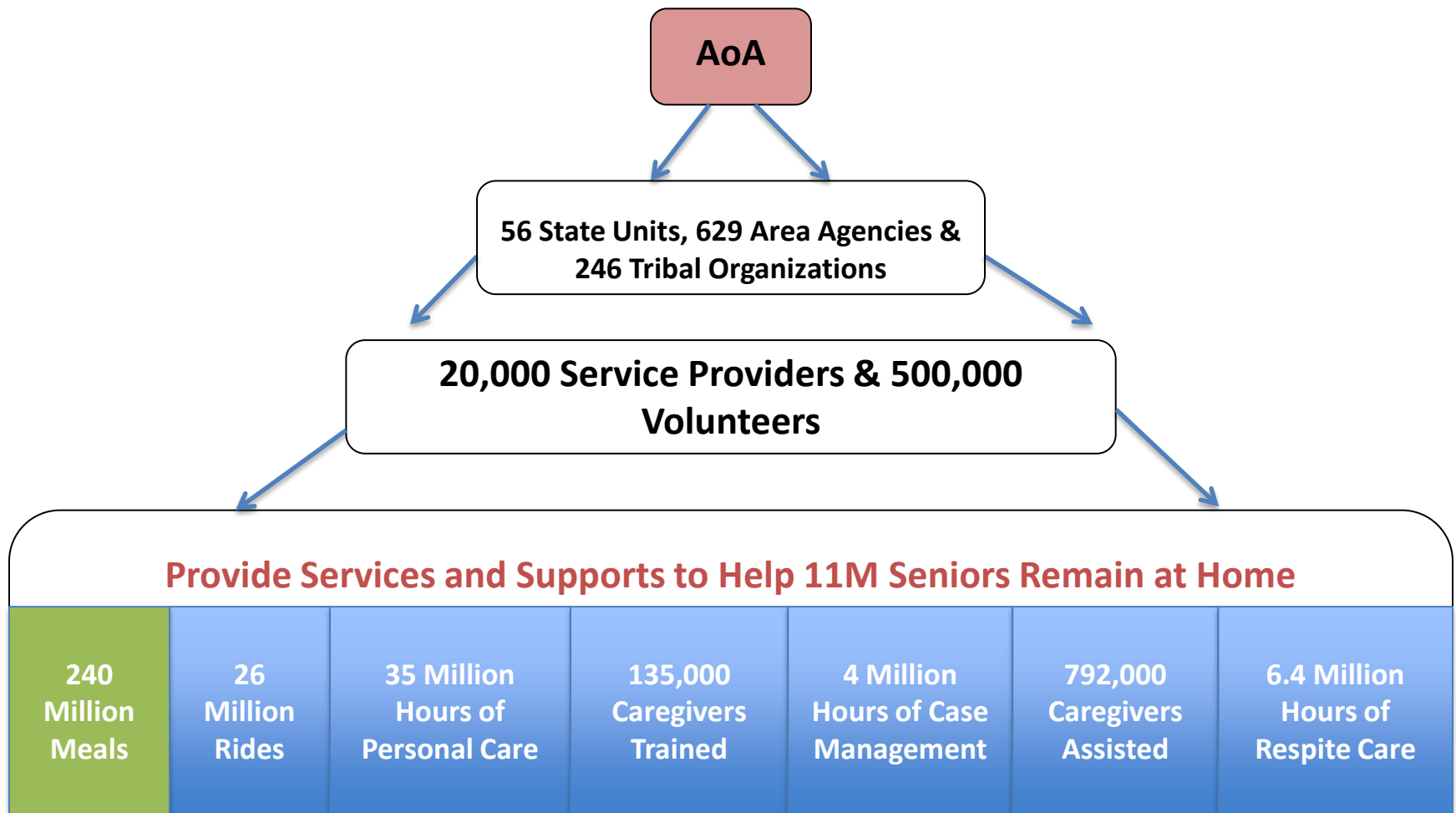
Healthy Aging Initiatives

Michele Boutaugh, BSN, MPH
Administration for Community Living
Administration on Aging

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ACL MISSION: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.




ACL/ CMS Collaborations

- Building national Aging and Disability Resource Center (ADRC) framework to provide no-wrong door access to services to help people remain at home (468 ADRCs in 52 States/Territories; 28 have state coverage)
- Care Transitions programs (153 ADRCs partnering with 347 hospitals in 40 states)
- Incorporating community networks and Long Term Services and Supports into health care reform and redesign efforts (Accountable Care Organizations, medical/ health homes, Section 1115 Medicaid waivers, Dual eligible demonstration projects, State Innovation Models, etc.)

<http://www.ncoa.org/improve-health/center-for-healthy-aging/Resources-for-CDSME-Grantees.pdf>




Other Federal/ National Efforts

- **VA:** Veterans Directed Home and Community Based Services in 24 states + DC; also care transitions, self-management and caregiver programs
 - **CDC:** Million Hearts™; self-management, physical activity, Falls prevention programs; Healthy Brain initiative
 - **HRSA:** self-management; oral health; HIV/AIDs; rural
 - **SAMHSA:** behavioral health; national registry
 - **HHS:** Partnership for Patients; Community Living Initiative; Multiple Chronic Conditions Strategic Framework
 - **National Council on Aging:** Self-Management Alliance
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ACLSupport for Evidence-Based Programs

- Change in Older Americans Act Title IID requirements
 - 2006-2012 Grants to 48 states/ territories to support chronic disease self-management, physical activity, falls prevention and other evidence-based programs
 - 2012 Affordable Care Act Prevention and Public Health Fund Chronic Disease Self-Management Education grants to 22 states for 3 years
 - Diabetes Self-Management Training assistance
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Evidence-Based Definition

Minimum Tier #1

- Shown through evaluation to improve health and well-being or reduce disease, disability and/or injury among older adults
- Can be implemented in community by credentialed practitioners

Intermediate Tier #2

- Published in peer-reviewed journal
- Proven effective using control condition
- Some basis in translation for implementation

Highest level Tier #3

- Proven with experimental or quasi-experimental design
- Fully translated at community level
- Available dissemination products

[To see already “approved” list or to suggest additional programs, go to:
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx)

Sample of ACL-Supported Programs

SELF-MANAGEMENT

- CDSMEs: CDSMP, ASMP, DSMP (English/Spanish/online); HIV; Chronic Pain
- EnhanceWellness

PHYSICAL ACTIVITY

- EnhanceFitness
- Arthritis Foundation: Exercise, Aquatic, Walk with Ease programs
- Fit & Strong!
- Healthy Moves
- Active Living Every Day

DEPRESSION MANAGEMENT

- Healthy IDEAS
- PEARLS

FALL RISK REDUCTION

- A Matter of Balance
- Stepping On
- Tai Chi

MEDICATION MANAGEMENT


- Medication Management (HomeMeds)

Chronic Disease Self-Management Education (CDSME) Overview

- Developed at Stanford University
- Generic CDSMP + programs for people with arthritis, diabetes, HIV, and chronic pain; Spanish-speaking and online
- Provides knowledge and skills to **EMPOWER** individuals to take a more active role in their own health
- Content based on needs assessment; complements medical care with self-management skill-building topics (e.g. exercise, nutrition; medication management; managing stress, depression, symptoms; problem solving and decision-making; communicating with health providers)

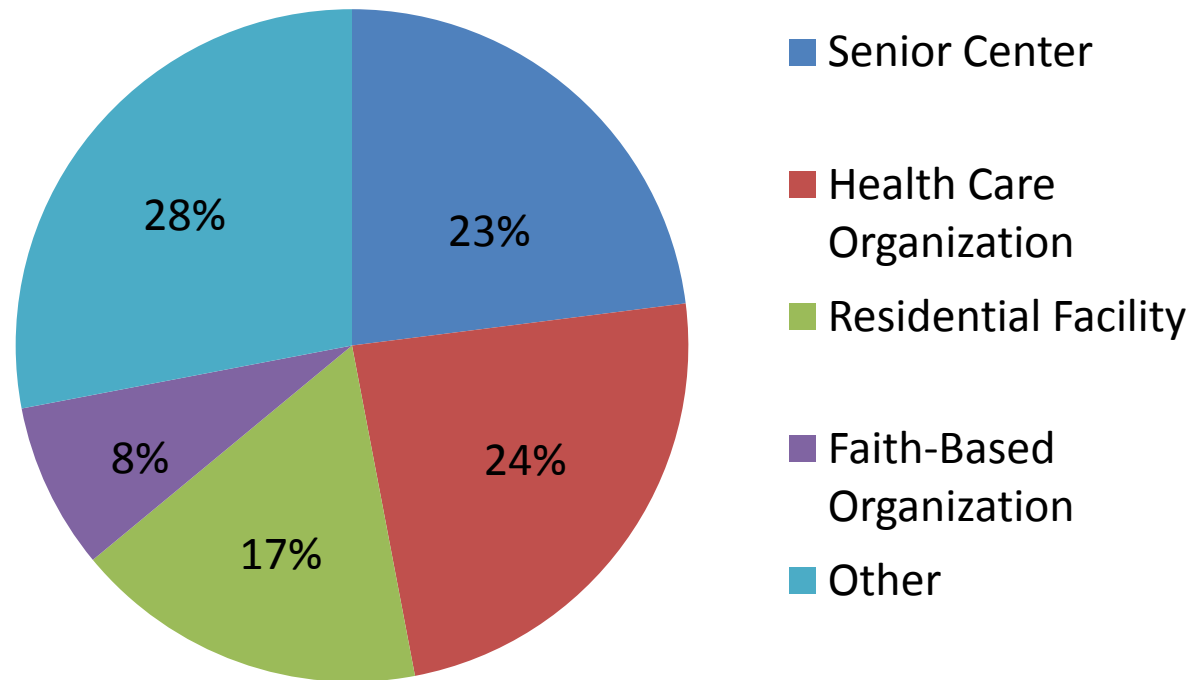


CDSME Reach

- Over 136,000 participants; 101,000 completers (4 out of 6 sessions) in 48 states/territories since 2010
 - Average age 67 yrs (over 70% are 60+); 22% males; 47% live alone
 - 34% Non-Whites, 23% African Americans; 17% Hispanics
 - Over 60% have more than one chronic condition; hypertension (44%), arthritis (41%), and diabetes (31%)
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Over 11,500 workshops at nearly 7,000 unique implementation sites

% of Workshops




CDSME Impact on Triple Aims

- Better care: communication with physicians, medication compliance, and health literacy
- Better health: self-assessed health, depression and quality of life
- Lower costs: fewer emergency room visits and hospitalizations, resulting in estimated potential cost savings

Whitelaw N, Lorig K et al, (2013). http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/CDSMP_Granttee_Webinar_03_19_2013_ALL_FINAL.pdf



CDSME in Region VIII

- Colorado: working with FQHCs to meet PCMH certification requirements; AHEC and Ute tribe; DSMT accreditation and reimbursement
 - Utah: VA; 21-hospital Intermountain Healthcare System; Utah Navaho Health Systems; Ability First
 - 4 Corners American Indian Collaborative: trained representatives of tribes from CO, UT, AZ and NM
 - Montana: CDC Arthritis Program
 - South Dakota and North Dakota: Sanford and Department of Health
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CDSME Testimonials

- *Participation in the continued expansion of evidence-based self-management education fits perfectly with our position as a leader in the provision of rural health care. VAMC Director*
- *With the skills learned in my class I can work at overcoming in a more positive way, the physical and emotional problems brought on by my obesity, diabetes, hypertension and the other medical issues that I refuse to surrender to. YOU CAN LIVE WELL, VETERANS!*
- *The class helps with the stress, depression, anger, anxiety and everything else we all might go through. We realized we can't fail if we just try.*

Within Our Grasp

- Workshop locator:
<http://www.restartliving.org/>
- To find grant leads:
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/PPHF.aspx#current
- Eldercare:
<http://www.eldercare.gov/eldercare.NET/Public/index.aspx>



For more information

Michele Boutaugh

Michele.boutaugh@acl.hhs.gov

